



Washington State Department of
Early Learning

**Reconsideration
Review Form**

Date Reconsideration Form Received:

Name of Applicant

Telephone # ()

Address

City

State

Zip Code

Role:

New Licensee

☐

Current Licensee

☐

Volunteer

☐

Potential Employee

☐

Current Employee

☐

Household Member

☐

Name of Licensed Facility:

Licensors:

Licensors Phone Number:

Supervisor:

Supervisor Phone Number:

Service Area:

Reason for Review:

- ☐ A disqualifying crime on the Five Year List and less than five years since conviction
☐ Crimes on the permanent disqualification list
☐ Crimes not on the permanent or Five Year List
☐ Negative Actions
☐ Other

Licensors Review

Review and attach the Reconsideration Form submitted by the Applicant.

Summary of documents provided by applicant:

What supporting documents were provided by the applicant?

- | | | |
|---|---|--|
| <input type="checkbox"/> Court-ordered programs and restitutions | <input type="checkbox"/> Counseling evaluation | <input type="checkbox"/> Collateral contacts |
| <input type="checkbox"/> Sexual deviancy evaluations | <input type="checkbox"/> Police Reports | <input type="checkbox"/> References |
| <input type="checkbox"/> Psychiatric evaluations | <input type="checkbox"/> Medical evaluations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Substance abuse evaluations and treatment progress | <input type="checkbox"/> Record of Arrest and Prosecution (RAP) | |

Summary of supporting documents:

What can be done to ensure child health and safety if unsupervised access is allowed?

Recommendation: ☐ Qualify ☐ Disqualify

Rationale for recommendation:

Licensors Signature:

Date:

Supervisor Review

Recommendation: ☐ Qualify ☐ Disqualify

Rationale for recommendation:

Supervisor Signature:

Date:

Service Area Manager or Designee Review

Recommendation: ☐ Qualify ☐ Disqualify

Rationale for recommendation:

Service Area Manager or Designee Signature:

Date: